Questions & Answers

LES Health and Life Insurance

Solicitation: SKU20-17-R-0001

	Question	Answer
1	On page # 1, SF – 33 has to be filled. Kindly clarify	SF33 is part of the solicitation. Please refer to page 2
	where we can get this form from as it's not part of	of the solicitation package
	attached document.	
2	In section B, Pricing schedule page # 4 subtotal (42 +	Please note that the pricing schedule in Section B has
	319 = 361 i.e. refer to page # 58). The count does not	"Estimated Number" of employees working under
	include page 59, 60 & 61 staff & dependents. Please	Chief of Mission.
	clarify.	Page 58, 59, 60 and 61 has additional demographics
		for employees. Page 59, 60 and 61has a list of Official Residence
		Expense (ORE) Staff and American Employee
		Welfare Association Employees (AEWA) who will be
		covered as riders to this contract.
		As described in H.3. The Embassy will issue task
		orders for a specific period of time and exact number
		of employees covered, and the task orders will be
		issued at the frequency described in H.3.
3	In page # 4 rate please confirm our understanding to	
	your table otherwise advise.	
	a. Rate per employee = annual rate	a. Correct
	b. Family plan = annual rate per family	b. Correct. However, please refer to C.3.0
	regardless of the number of dependents	"DEFINITIONS" for dependent definition
	c. Bi-weekly total = annual rate / 26 weeks	c. Correct
4	Please confirm if 1st & 2nd & 3rd & 4th option year	If the question refers to Section B – Prices: then the
	have to be equal or not necessary.	answer is No it's not necessary
		If the question refers to each option period estimated
		no employees: then the answer is equal. Remember
		they are only estimates the actuals will be order on the
		task order.
5	In section B, retention amounts, on Page # 7, Bi-	Clarify Bi-weekly Rates compared to
	weekly retention amount table is not clear. Kindly	Retention Amount:
	elaborate if this is related to reinsurance. And in case	
	contract is full retention to the insurance company, do	The retention amount must be a derivative of the bi-
	we still need to fill out?	weekly premium amount
		Retention Amounts – also stated as a bi-weekly rate
		a. The Contractor's cost of doing/conducting business

		 (labor costs/rent/utilities/supplies/profit). b. This amount is fixed for the duration of the contract c. It does not include anticipated claims to be paid out Bi-weekly Rates/Premiums: a. Includes both retention amount and the anticipated claims. b. Can be adjusted based either on claims paid out or a local law 2. Offers are required to fill retention table in Section B under B.3.2.1 "Bi-Weekly Retention Amounts"
6	Section C, Part I – health Ins., please confirm if:	Please refer to:
	Reimbursement of claims should be subject to reasonable & customary costs in the locality where treatment was provided and not Kuwait tariff.	 C.1.1.11 "Medical Expenses Incurred Out of Country"; and C.1.1.14 "Maximum Annual Reimbursement"
7	Annual limit for the whole family is 53,200 kd in all cases or just in catastrophic conditions? And if in all cases, please clarify if it includes direct billing + reimbursement claims.	Please refer to: - C.1.1.14 "Maximum Annual Reimbursement"; and
		- C.1.1 "Employee and Dependent Health Services Benefits"
8	Obstetrical care is 100 % covered and maternity expenses are 50 % covered?	Please refer to: - C.1.1.5
9	(C.1.1.6), not clear what is not covered therefore,	C.1.1.6 "Family Plan" has a list of expenses that are
	kindly elaborate.	covered and a list of expenses that are not covered
10	Page # 65, please advise if below fields should be chosen since GIRI is a Kuwaiti Company (d) Tin is not required (e) type of organization is: corporate entity (tax exempt)	As per SECTION L "INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS" Interested offerors are required to complete Section K; Refer to K.3. "52.204-3 TAXPAYER IDENTIFICATION (OCT 1998)" for definitions and other related details.
11	Page # 70, GIRI has to register in SAM website. Please explain the importance and the use of registering in SAM and would appreciate if we can get step by step guidance to register in Sam as a company and not individual.	ONLY vendors with Active SAM will be eligible for award. Therefore, if the lowest offeror is not registered, the contracting officer will award to the next otherwise successful offeror, if that offeror is registered. Use the following link to start the registration process:

		1
		https://www.sam.gov/portal/SAM/#1
		General Instructions for Registering in DUNS / SAM https://www.fws.gov/international/pdf/sam-duns-registration-instructions.pdf
12	Page # 76, the bidders must include their Dun & Bradstreet. please provide us with step by step guidance to get our DUN	To request Data Universal Numbering System (DUNS) please visit this website and request a new D.U.N.S. http://fedgov.dnb.com/webform
13	Page # 79, you asked for profit sharing clause. Should we include additional letter confirming the profit sharing agreement and submit the same along with all documents required? Please confirm.	Profit Sharing Credit should be part of your proposal under Volume 3 - Technical Proposal
14	Upon winning the bid, would there be an insurance policy signed between both parties? Since solicitation document does not include clear description of covered benefits or of exclusions. Usually, health insurance contracts include list of standard exclusions and details on covered benefits	 The Contracting Officer will sign only U.S. Government issued contract. No other insurance policy will be signed beside this contract. Refer to Section C of the solicitation for complete list of all benefit plans required, percentage covered as well as expenses not covered.
15	Please provide us with the link to get updated information regarding this bid.	For complete details regarding this solicitation go to www.fbo.gov , enter SKU20017R0001 in the white area besides "Keyword/Solicitation" and click on "search".
16	Section D, empty page. Why?	This Section is not required under this type of service.
17	How long has been the Health Plan in its current form operational	Since 2012
18	Are there any changes in the Health Plan coverage between the proposed plan and prior years plan	Yes. Refer to question number 41 of this document that list the current table of health benefits under the existing health insurance contract
19	Do the members regularly travel to their home countries? If yes, then how many trips do they make per year on an average and what is the duration of such trips?	This information is not available.
20	Is there a preference of using a particular TPA (Third Party Administrator) to administer your medical plan?	Please refer to H.4. "CONTRACTOR RESPONSIBILITY IN CLAIMS AND REIMBURSEMENT TO CLAIMANTS"
21	What does "Coverage of expenses for prenatal and postnatal care" means and/or represent?	C.1.1.5 - Obstetrical Care Prenatal is medical services provided before the birth

		of a child. It includes things like, physical exam, regular weight checks, blood tests, ultrasound exams, etc. Basically, prenatal care helps prevent complications and inform women about important steps they can take to protect their infant and ensure a health pregnancy. Postnatal is the opposite, it is medical services provided after the birth of a child.		
22	What does "Life Threatening Condition" means or stands for?	C.1.1.11 - Medical Expenses Incurred Out of Country Please refer to Amendment # 1 in FedBizOpps. The language under C1.1.11 "Medical expenses		
		incurred out of country" has been replaced with the following: Medical expenses incurred out of country will be covered for employees and dependents when		
		(a) an illness or injury occurs when the individual is out of the country and treatment is medically necessary before the individual returns home or		
		(b) the individual's attending physician certifies in advance that such treatment is medically necessary and unavailable locally. Reimbursement will be made at the same percentage rate and subject to the same annual maximum limit as for expenses incurred in country.		
23	What is the number of dependents in the last four years?	Year No of Dependents April 2014 810 April 2015 819 April 2016 849 April 2017 870		
24	We note in Section L-2 that it appears you have stated that the offeror must include their DUNS number and the offeror must be registered in SAM.gov before issuing their proposal and if they aren't their proposals will be rejected. While we fully understand the offeror must be registered before the contract can be issued please understand we have never seen this requirement before.	As per SECTION L "INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS" You are required to include in Volume one (1) of your offer: 1. Dun & Bradstreet (DUNS) Number; and 2. Must have active System for Award Management (SAM) registration		

25	For this solicitation we will be partnering with a local Kuwaiti company and they will be the offeror. We have done this for our other U.S. Embassy clients and fully understand the process of getting our local partner registered in SAM.gov. However, in the best of all worlds the process takes 23 business days. We certify we would have no problem getting our local partner registered in SAM.gov if we are selected however, we request you remove any requirement that the offeror needs to demonstrate they are already registered in their proposals. Hopefully, you can agree with this - in the meantime we will begin the process promptly	ONLY vendors with Active SAM will be eligible for award. Therefore, if the lowest offeror is not registered, the contracting officer will award to the next otherwise successful offeror, if that offeror is registered.		
26	Are we supposed to arrange for a DBA	Yes.		
		The Contractor shall provide workers' compensation insurance in accordance with FAR 52.228-3 to employees assigned to this contract who are either United States citizens or direct hire. Total cost of DBA should be part of the Firm-Fixed-Price for Base and options periods.		
		The Offeror shall include Defense Base Act (DBA) insurance premium costs covering employees. The offeror may obtain DBA insurance directly from any Department of Labor approved providers at the DOL website at http://www.dol.gov/owcp/dlhwc/lscarrier.htm		
27	What is the maximum limit for expenses reimbursed under HIV/AIDS for Employees and dependents	The maximum limit for expenses reimbursed under section C.1.1.4 is USD 10,000 or equivalent in Kuwait local currency (KD) per employee/patient per contract year. The USD\$10,000 is the total amount for the HIV coverage. It is not \$10,000 for employee and \$10,000 for dependent		
28	What were the paid claims for each of the past three	Duration	Total amount in US\$	
	years? (year by year, not total of three years please)	April 2014 – March 2015	\$668,721	
		April 2015 – March 2016	\$663,853	

		April 2016 – March 2017	\$722,687
		any terms or conditions or solicitation. In addition, for regarding claims data incurced contract, please be advised not the same nor may this claims. Therefore, it is east whether to use or not to use the whole of the basis for a request to a conce the contract is award advised any adjustments to shall be in accordance with Adjustment clause B.4.	aformational purposes and hall it be construed to change requirements within the for any answer provided arred under the existing did that the benefits levels are data be indicative of future ch offeror's decision on set this information. Instances shall the U.S. this data or shall it become djust the premium rates ed. Rather, offerors are to contract premium rates the the Economic Price
29	What is the number of incurred claims for each of the	No further claims informa April 2014 – March	4,173
	past three years?	2015 April 2015 – March	4,341
		2016 April 2016 – March 2017	3,870
		No further claims informa	tion will be made available.
30	What is the amount of incurred claims for each of the past three years?	April 2014 – March 2015	\$712,704
		April 2015 – March 2016	\$680,107
		April 2016 – March 2017	\$532,062
		No further claims informa	ation will be made available.
	What are the Medical and dental expenses claims for	April 2014 – March	

	Incurred basis: benefits which includes IP, OP & Dental claims only (excluded benefits are Maternity, Optical, Psychiatric & Other Services)	April 2015 – March 2016 April 2016 – March 2017	\$661,242 \$506,698	
		No further claims inform	ation will be made ava	ailable.
32	What are the Life insurance claims for each of the past three years?	April 2014 – March 2015	\$49,060	
		April 2015 – March 2016	\$60,202	
		April 2016 – March 2017	\$0	
		No further claims inform	ation will be made ava	ailable.
33	What are the Accidental Death and Dismemberment claims for each of the past three years?	April 2014 – March 2015	\$0	
		April 2015 – March 2016	\$0	
		April 2016 – March 2017	\$0	
		No further claims inform	ation will be made ava	ailable.
34	What are the Partial and total disability claims for each of the past three years?	April 2014 – March 2015	\$0	
		April 2015 – March 2016	\$0	
		April 2016 – March 2017	\$0	
		No further claims inform	ation will be made ava	ailable.
35	We would like to know if there were any "Catastrophic" cases presented for each of the past	April 2014 – March 2015	\$21,411	
	three years, such as: Hemodynamics, Open Heart Surgery, Orthopedic Mayor Surgeries, Organ	April 2015 – March 2016	\$0	
	Transplant, Traumatic Accident, Cancer and Oncology Cases (Radio and Chemotherapy), and hospitalizations	April 2016 – March 2017	\$11,568	
	with more than 10 days.	No further claims inform	ation will be made ava	ailable.

	Note: Keyword words use to identify the mention diagnosis and cases more than 10 days hospitalization information is not available in the claims utilization data.					
36	Have there been any claims in excess of \$10,000 within the last year? If yes, please indicate:	Duration April 2014 – March 2015 April 2015 – March 2016 April 2016 – March 2017 No further claim	Number of claims; at 4	nd	Amounts of such claims \$ 65,303 97,850 0	able.
37	What were the numbers of insured employees last year?	April 2016 – April	Embassy Members April 2017 361 ms information will be made available.		lable.	
38	Does this solicitation number SKU200-17-R-0001 contain requirements similar to the current contract in place?	No, benefits levels are not the same.				
39	Are their dependent children to be covered who are studying outside the country? If yes please provide the country and number of dependent children studying there.	be changed without prior notice. List of location(s)/Countries dependents studying abroad include but not limited to (India, Sri Lanka, Nepal, United States of America, Philippines, Lebanon, Jordan, Canada, Egypt, UAE, Bahrain, Morocco, and Portugal.			ould g ka,	
40	Detailed membership census for the proposed Group	Kindly refer to I	Exhibit A "	EMPI	LOYEE STATIS	STICS

medical policy		- Additional Demographics - Generic Listing released solicitation for details.		
Are you looking for worldwide coverage including		We are looking for a "Worldwide Coverage"		
USA / Excluding USA for all or certain categories?			sted in the solici	
	of health benefits under the ex			
What is the current table	of hearth benefits under the ex-	isting near	ii iiisuranee con	ıracı
C.1.1.1				
Covered Benefit	Description	1	Employee	Dependent
Hospitalization	reimbursement of room and b	oord for	100%	100%
1108pitanzation	award room or semi-private ro		100%	100%
	reimbursement of room and b		80%	80%
	a private room, not to exceed		8070	8070
	the cost of a semi-private room			
	reimbursement of hospital me		100%	100%
	expenses including laboratory		100/0	10070
	and x-rays, nursing care, oper			
	room costs, intensive care,			
	prescription medicines, and pl	hvsical		
	therapy	310012		
	reimbursement of ambulance	service.	100%	100%
Covered Benefit	Description	1	Employee	Dependent
Covered Renefit	Description		Employee	Dependent
Professional Services	reimbursement of doctors' and	1	80%	80%
and Treatment	surgeons' fees incurred while			
	hospitalized, at a hospital on a			
	patient basis, at a clinic or doc	ctor's		
	office, or at home	•	900/	900/
	reimbursement for medical se		80%	80%
	and expenses when not hospit such as laboratory tests and x-			
	prescription medicines, physic	•		
	therapy, routine annual physic			
	examination, and inoculations			
	examination, and mocurations	•		
C1.1.3				
	_			
Covered Benefit	Description		Employee	Dependent
Prescription drugs and	reimbursement when hospital	ized, and	100%	100%
medicines	reimbursement when not		80%	80%
	hospitalized, of the cost of me			
	and drugs for which a prescrip	otion is		
	legally required.			
	Expenses incurred for medicing	nes,	0%	0%

vitamins, cold remedies, etc., that are	
available over the counter without a	
prescription will not be reimbursed	
even if prescribed by a physician.	

C1.1.4

Covered Benefit	Description	Employee	Dependent
For employees only	reimbursement for medications to	100%	
	suppress opportunistic infections,		
	such as tuberculosis and		
	toxoplasmosis for employees who		
	have HIV/AIDS; as well as brief		
	courses of anti-retroviral drugs during		
	childbirth to prevent the transmission		
	of HIV to the employee's child. This		
	expanded coverage generally excludes		
	medications for the long-term		
	suppression of AIDS through the		
	combination of anti-retroviral drugs at		
	those posts with inadequate local		
	healthcare infrastructures		

The maximum limit for expenses reimbursed under section C.1.1.4 is USD 10,000 or equivalent in Kuwait local currency (KD) per patient per contract year.

C1.1.5

Covered Benefit	Description	Employee	Dependent
Obstetrical Care	reimbursement when hospitalized, and	100%	100%
	reimbursement when not hospitalized,	80%	80%
	of obstetrical medical care including		
	prenatal and postnatal care		

C1.1.6

Covered Benefit	Description	Employee	Dependent
Family Planning	reimbursement of prescribed	80%	80%
	contraceptive devices and drugs,		
	voluntary sterilization, and diagnosis		
	and treatment of infertility		
	Not covered is reversal of voluntary	0%	0%
	sterilization, infertility treatment after		
	voluntary sterilization, genetic		
	counseling, fertility drugs, and		

		assisted reproductive technology			Ī
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C1.1.7

Covered Benefit	Description	Employee	Dependent
Hearing Aids	reimbursement of the cost of a	80%	80%
	hearing aid apparatus and related		
	examination. Limited to one		
	apparatus per ear per patient in a		
	three-year period		

C1.1.8

Covered Benefit	Description	Employee	Dependent
Optical Care	reimbursement for eye examination	50%	50%
	and treatment and prescription		
	eyeglass or contact lenses. Limited to		
	two lenses per patient every two year		
	No reimbursement for eyeglass	0%	0%
	frames, nonprescription lenses, or		
	tinting.		

C1.1.9

Covered Benefit	Description	Employee	Dependent
Dental Care	of expenses for dental services	50%	50%
	including dentists' fees, x-rays,		
	examination and treatment, cleaning,		
	fillings, extractions, false teeth,		
	crowns, and bridges. Orthodontia		
	treatment is covered only if treatment		
	begins before age 15, unless required		
	as the result of an accident. A		
	maximum of four years of orthodontia		
	treatment will be covered per patient.		

C1.1.10

Covered Benefit	Description	Employee	Dependent
Psychiatric Treatment	reimbursement.	50%	50%

C.1.1.11

Covered Benefit	Description
Medical expenses incurred out of country	will be covered for employees and dependents when
	(a) an illness or injury occurs when the individual is

out of the country and treatment is medically
necessary before the individual returns home or
(b) the individual's attending physician certifies in
advance that such treatment is medically necessary
and unavailable locally.
Reimbursement will be made at the same percentage
rate and subject to the same annual maximum limit
as for expenses incurred in country

C.1.1.12

Covered Benefit	Description
Transportation for out of country treatment	Transportation for out of country treatment
	will be a covered expense for employees and
	dependents. The patient's attending physician
	must certify in advance that the treatment is
	medically necessary and unavailable locally.
	- 80% of the patient's transportation
	expenses by the least expensive,
	appropriate means of transportation to
	the nearest city with adequate medical
	facilities will be reimbursed.
	- 80% of the transportation expenses of
	an attendant will be reimbursed if the
	patient's attending physician certifies
	that an attendant for the patient is
	necessary, e.g., a parent in the case of a
	patient who is a minor or a family
	member to make medical decisions in
	the case of a patient who is
	unconscious.
	All reimbursements for transportation
	expenses are subject to the annual maximum
	limit.

C.1.1.13

Annual Maximum Limit - Maximum Annual Reimbursement

- The maximum annual reimbursement per patient per contract year, not including expenses covered under C.1.1.4, is up to a limit of 40,000 Local Currency per patient per contract

C1.2

Health Benefits Conditions and Limitations

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